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BASIC INFORMATION ON
THE DUTIES AND RESPONSIBILITIES
OF ACCREDITED VETERINARIANS

MARCH 1957



Agricultural Research Service

UNITED STATES DEPARTMENT OF AGRICULTURE

INTRODUCTION

In order to become an accredited veterinarian it is necessary that the applicant (1) be a graduate of an approved veterinary medical school or college, (2) be licensed to practice in the State where accreditation is requested, (3) apply to the State veterinarian for accreditation, (4) receive a recommendation for approval by State and Federal Livestock Sanitary Officials, and (5) receive final approval and official accreditation from the Agricultural Research Service, U. S. Department of Agriculture, Washington, D. C.

If, owing to circumstances beyond the applicant's control, he is temporarily unable to take the State Board examination, he may obtain provisional accreditation in order to take part in the brucellosis eradication program. For this purpose it is necessary to have the recommendations of the State veterinarian and the Agricultural Research Service Veterinarian-in-Charge in the State.

Annual loss to livestock owners from communicable diseases and infectious animal diseases amounts to more than a billion dollars. It is the responsibility of State and Federal agencies to develop programs to reduce this loss as far as possible. These agencies rely heavily on the integrity, training, and capabilities of the accredited veterinarian. He is eligible to participate in State-Federal programs of disease control and eradication designed to preserve and protect the health of the nation's livestock, of which the herds of his clients are an integral part. This material has been prepared as a guide to graduate veterinarians seeking accreditation and to furnish information where needed to veterinarians already accredited.

Educational training prepares the accredited veterinarian for the technical duties he must perform. Other functions, such as proper identification of animals and the documentation often referred to as "red tape," are necessary for proper accounting to the taxpayers of the country, without whose support funds would not be available for cooperative disease control programs.

DISEASE CONTROL AND ERADICATION PROGRAMS

Most of the work of the accredited veterinarian is with State-Federal programs for the prevention, control and eradication of animal diseases. It includes inspection, testing, vaccination, tagging and branding, keeping necessary records, issuing certificates, and advising owners on management practices that should prevent occurrence or recurrence of disease. Current programs and the participation of the accredited veterinarian in carrying them out are given below.

Brucellosis

More than 6,000 veterinary practitioners are assisting in the brucellosis program on a fee basis. Schedules for payments to practicing veterinarians on a fee basis have been established in each State. This information can be secured from Federal and State Livestock Sanitary officials. The accredited veterinarian should acquire technical and administrative information on the expanded brucellosis eradication program. He should be able to:

1. Accurately inform herd owners about the program and about the disease.
2. Collect blood samples from herds promptly when requested to do so by owners and authorized or directed to do so by officials.
3. Accurately complete the test record chart, including identification of animals, pertinent history, and vaccination record.
4. Give prompt attention to tagging, branding, and appraisal of reactors. The completion of all forms is of great importance where indemnity is paid. Accurate instructions must be given the owner concerning disposal of reactors, shipping permits required, cleaning and disinfection of the premises, quarantine restrictions, indemnity payments, and management practices aimed at avoiding appearance or recurrence of the disease.
5. Clean and disinfect boots and equipment.
6. Retest infected herds promptly. They should be retested 30 to 60 days after removal of reactors. The owner's initial investment in disease control and eradication may be lost without a prompt retest.

The accredited veterinarian also has responsibilities to the program. He should:

1. Accept his full share of the program work load or area assignment, consistent with what he can handle promptly and completely.
2. Keep himself thoroughly informed about the program, including technical and professional details, administrative functions, laws, rules and regulations, including those covering the interstate and intrastate movement of cattle..
3. Perform the work in accordance with approved procedures, laws, regulations, and techniques.
4. Make reports legibly, accurately, and promptly.

How to Test for Brucellosis

1. Collect blood aseptically in tube filled about one-half full, being careful to hold the tube nearly horizontal to lessen the danger of contamination. Allow to stand at room temperature until firmly clotted, which may require 2 or 3 hours. After this the blood should be kept cold but not allowed to freeze.

2. See that each tube is plainly labeled, securely corked, and carefully packed to prevent breakage. Each accredited veterinarian should be designated by a serial letter or letters assigned by the State or Federal livestock sanitary official. This letter should appear on the tube of each sample along with the tube number. Blood samples should be packaged properly and mailed to the cooperative State-Federal brucellosis laboratory for testing.

3. The test chart should list the number of animals bled and a history of each animal, including tube, tag or tattoo number, age, sex, breed, and symptoms if evident. When a new tag is applied, the chart should show whether it is for (1) an initial test, (2) replacement of a lost tag, or (3) natural increase.

4. A separate needle should be used for each animal. Needles should be cleaned and disinfected before re-use, preferably by boiling at the close of each day's work. They should be kept in a sterile container to prevent contamination. If nose tongs are used, they should be disinfected after each animal. The use of a rope halter is recommended when practical. Footwear should be cleaned and disinfected after testing each herd.

5. Tables 1 and 2 should be used as a guide in classifying reactors to the agglutination test, except as indicated in paragraph 6.

Table 1. -New Interpretation
of Reactions in Officially
Calf-Vaccinated Cattle

Dilutions			Diagnosis
1:50	1:100	1:200	
/	-	-	Negative
/	I	-	Suspect
/	/	-	Suspect
/	/	I	Suspect
/	/	/	Reactor
	or higher		

Table 2 -Interpretation of
Reactions in Nonvaccinated Cattle

Dilutions			Diagnosis
1:50	1:100	1:200	
-	-	-	Negative
I	-	-	Suspect
/	-	-	Suspect
/	I	-	Suspect
/	/	-	Positive
	or higher		

6. Animals classed as suspects by the blood-serum agglutination test, which have a history of having aborted, may be designated reactors by the veterinarian taking the blood samples if they are from a herd containing reactors and if approved by the Veterinarian-in-Charge. Such reactors are eligible for indemnity if State and Federal indemnity is paid.

The Brucellosis Ring Test (BRT)

BRT is a modified tube agglutination test applied to milk or cream from a dairy herd. It identifies herds suspected of having brucellosis with only 3-5 cc. of a composite sample taken from milk cans or bulk tanks. If no titers are present, it is not necessary to test cattle in that herd. This test saves the cost of blood testing approximately 80 percent of the dairy cattle. All titers found by this test do not indicate infection but the test does indicate herds that are most likely to be infected.

Scrapie

Scrapie was first diagnosed in the United States in Michigan in 1947. Since that time, the disease has been diagnosed in 51 additional flocks in the States of Alabama, California, Connecticut, Georgia, Illinois, Indiana, Iowa, Missouri, New York, North Carolina, Ohio, Oregon, Tennessee, Texas, Virginia, and Wisconsin. Two of the infected flocks were of the Cheviot breed, the remainder were Suffolks.

The State-Federal cooperative eradication program is based on the slaughter of all infected and exposed sheep and goats. Flocks that have included exposed sheep and goats are held under surveillance for a period of 36 months or longer, owing to the extremely long incubation period of the disease. During the period of surveillance or quarantine these flocks are inspected every 6 months, or oftener if necessary.

The onset of scrapie is insidious and only an experienced observer may notice the earliest symptoms. For this reason the veterinarian must become particularly adept in recognizing these symptoms. He should also be prepared to explain the symptoms and characteristics of the disease in detail to the owner, who often reports unusual behavior of his sheep to his veterinarian.

The diagnosis of scrapie is based on symptoms, history, spread, and histopathological findings. The disease appears most frequently in sheep 2 to 3 1/2 years old and seldom in sheep under 18 months of age. A clinical diagnosis of scrapie is confirmed by demonstrating vacuoles in neurons of the medulla on histological examination. The disease should be differentiated from listeriosis, Aujeszky's disease, rabies, pregnancy toxemia, and scabies.

When scrapie is suspected, livestock sanitary officials should be notified immediately. The suspected animal should not be slaughtered until regulatory officials have had an opportunity to observe the clinical symptoms and have determined that the case is advanced sufficiently that a satisfactory specimen of brain tissue can be obtained for laboratory examination.

It is very important to determine the origin of infection and to locate animals moved from infected flocks.

Scabies

Animals affected with scabies are prohibited by Federal regulations from moving in interstate traffic. Each State also has regulations concerning the handling of infested animals and movements from affected herds and flocks.

Scabies is spread mainly by introducing infested animals into herds or flocks by purchases made through market centers, sales rings, livestock shows, and stockyards. It continues to be a problem because of undetected and untreated reservoirs of infestation. Advanced cases are easily identified. But the atypical early case with little loss of fleece and limited scratching is difficult to detect.

Veterinarians should have a hand lens for studying external parasites and should be prepared to take skin scrapings when scabies is suspected. Where there is a loss of fleece, mites are more commonly found along the periphery of the denuded area. Mites are not usually active during the summer months. Livestock sanitary officials should be notified immediately when a skin ailment is suspected to be scabies.

Scabies usually follows a customary pattern of spread. It is comparatively easy to eradicate with dips that are available, if all animals in infested and exposed herds are properly dipped and held in the dip at least 1 minute. Veterinarians are frequently called upon to inspect and dip sheep and cattle for scabies. They also issue certificates needed for interstate movement or to comply with state-of-destination requirements.

It is very important to determine the origin of infestation and to find animals moved from infested and exposed herds in order to treat all sources of infestation.

Tick Fever

The cattle fever tick, Boophilus annulatus, has been eradicated from the United States, except for a narrow buffer zone in southern Texas along the border between the United States and Mexico. Reinfestation occurs there from time to time, because the adjacent area of Mexico is badly infested.

The Federal-State cooperative eradication program, which includes inspection, quarantine, and dipping, is now confined to the buffer strip in southern Texas and to the Commonwealth of Puerto Rico, where an active eradication program, under way for some years, is nearing completion. There are occasional reinfestations of the vector in California, introduced from Mexico.

The cattle fever tick (B. annulatus) may also be carried by equines, and the tropical variety (B. annulatus var. microplus), which has been found in Puerto Rico, Florida, and Texas, may be carried by sheep and goats as well as equines. Additional hosts, such as deer, have created local problems in the tick eradication program but have not prevented complete elimination of the vector.

Veterinarians should be alert for ticks of Boophilus species, not only on animals in areas along the Mexican border but on routine inspections at concentration points and when health certificates of various types are to be issued.

When it is suspected that such ticks may be present, livestock sanitary officials should be notified immediately and specimens should be collected for laboratory identification.

In the United States the only recognized procedure for treating animals to destroy the cattle fever tick is by dipping them at 14-day intervals in an arsenical solution containing 0.22 percent of arsenious oxide. The strength of the dipping solution is determined by a chemical test before each use.

Tuberculosis

In 1940 the last county in the United States was declared modified accredited tuberculosis-free. This means that tuberculosis infection in every county had been reduced to less than 0.5 percent of the cattle. Accredited veterinarians have contributed significantly to lowering the incidence of the disease from 5 percent in 1917 to 0.15 in 1956. But little infection is not a satisfactory conclusion. Tuberculosis can be a threat to the Nation's livestock as long as there is a remnant of infection in the country.

In order for the accredited veterinarian to fulfill his responsibilities in dealing with this disease and cooperating with the program, he should:

1. Keep himself thoroughly informed about the program, including the technical and professional details, administrative functions, rules and regulations.
2. Perform his work for the program in accordance with approved procedures, laws, regulations, and techniques.

3. Use his best technical skill in the application and interpretation of the tuberculin test, regardless of the herd's history.
4. Because the incidence of tuberculosis is low, many students have not seen reactors. State and Federal veterinarians welcome the opportunity to assist accredited veterinarians in the application and interpretation of test results.
5. Make sure that the animal is properly restrained before making each intradermal injection.
6. Accurately inform herd owners about the disease and the program.
7. Accurately and legibly complete each test record, including identification and pertinent history, and promptly forward the record to State-Federal livestock sanitary officials.
8. Instruct the owner to isolate reactors as soon as they are found.
9. Tag and brand all reactors.
10. Acquaint himself with the procedures governing the payment of indemnities in his State.
11. When issuing permits for the intra- and interstate movement of reactors for slaughter, carefully follow instructions covering such movements.
12. Instruct the owner to follow recommended procedures for the cleaning and disinfection of premises after the removal of reactors.

Vesicular Exanthema

Vesicular exanthema has been present in California since 1932, where it was first thought to be foot-and-mouth disease. Beginning in 1952, the disease appeared outside California and spread widely, invading 41 other States and the District of Columbia. An eradication campaign is being waged against the disease. At the end of 1956 all known infection had been eradicated and only parts of 2 States were under Federal quarantine.

Steps are being taken to eradicate the disease because (1) it causes considerable economic losses to producers and has drastic effects on markets and commerce; (2) if permitted to become established, it might, like other virus diseases, now and then become excessively virulent and cause greater damage and loss to the swine industry; (3) since the disease cannot be visually distinguished from foot-and-mouth disease, it might at any time mask an outbreak of this disease; and (4) because of the continued expense of inspecting and testing to differentiate it from foot-and-mouth disease.

Laboratory and animal inoculation tests are used to differentiate this from other vesicular diseases - foot-and-mouth and vesicular stomatitis. These tests should be done only by a specially trained diagnostician assigned to each individual case by the State or Federal livestock sanitary official. Eradication measures include inspection, quarantine, slaughter and special processing of swine found infected and exposed, and the cleaning and disinfection of infected premises and facilities before restocking. Special processing is the heat treatment of carcass and offal of the swine to temperatures that destroy the virus.

Quite early in the campaign, raw garbage fed to hogs was recognized as the commonest carrier of the disease, and many States began to pass legislation and issue regulations that garbage fed to hogs must be cooked. By the end of 1956 all but two States had such laws or regulations in effect. Emphasis in most States was then placed on frequent inspection and enforcement of laws and regulations. Generally State laws require that garbage feeders must be licensed. Their premises must be inspected to see that garbage is boiled for 30 minutes before it is fed to hogs and that feeding is carried on under sanitary conditions.

Federal regulations limit the movement in interstate commerce of hogs fed raw garbage to those destined for special processing under special permit and require the cleaning and disinfection of carriers and facilities used by infected or exposed swine and raw-garbage-fed swine. In order for hogs fed cooked garbage to move freely, permits are also required.

State laws and regulations in many States impose the same or similar restrictions on animals and carriers moving intrastate.

The accredited veterinarian may be called upon to issue certificates covering the movement of hogs fed cooked garbage. He should acquire a background on the eradication program in order to advise clients who might be affected by the program. He should report immediately any vesicular condition he may encounter, in order that differential diagnosis can be made and the necessary sanitary measures taken.

Other Disease Control Activities

The U. S. Department of Agriculture cooperates with the States in investigating, diagnosing, reporting, and recommending procedures for the control of a number of other diseases of livestock and poultry, including:

Anaplasmosis (surveys to determine incidence of the disease and experimental field studies to find control methods suited to the region).

Anthrax. Assists States in diagnosing the condition and keeps abreast of its incidence and significance on the livestock industry.

Bluetongue has probably been present in the United States for a number of years. It was first mentioned in Texas in 1948 under the name "soremuzzle." Since then the Clinical diagnosis of bluetongue in California, Arizona, Utah, Colorado, New Mexico, Texas, Oklahoma, Missouri, Kansas, Nebraska, and Oregon has been confirmed by laboratory studies. Cases of the disease in other States have been suspected.

When bluetongue is suspected, livestock sanitary officials should be notified. They will make arrangements with the ADE Laboratory at Denver, Colorado for inoculation tests. This test is made with blood collected from animals in the early stages of the disease (preferably those with high temperatures); this is the most satisfactory means of confirming a clinical diagnosis of bluetongue.

Control measures include vaccination in areas where the disease is endemic, and protection against the insect vector.

Dourine, or suspected cases of it, should be reported promptly to livestock sanitary authorities. Veterinarians should be prepared to obtain blood samples from suspected equines and to send serum samples to the Department of Agriculture in Washington for diagnosis by the complement-fixation test.

Equine encephalomyelitis should be reported to State-Federal livestock sanitary authorities.

Hog cholera, Newcastle disease, and other domestic diseases should be reported when they exhibit unusual virulence. Various States may require the reporting of other diseases.

Leptospirosis is being surveyed to determine incidence of the disease.

Mucosal disease complex (mucosal disease, rhinotracheitis, virus diarrhea, Ind., and virus diarrhea, N. Y.) should be reported to State-Federal authorities. This group of diseases is considered to be new in the United States. Because of its economic importance, and because of its similarity to rinderpest, it constitutes a serious problem.

Psittacosis (ornithosis), or suspected cases of it, should be reported. Extreme care should be exercised when suspected cases are found, in order to prevent its spread to other poultry and to man.

Pullorum disease and fowl typhoid are the concern of the National Poultry Improvement Plan and the National Turkey Improvement Plan. Accredited veterinarians should acquaint themselves with these plans and be prepared to issue certifications for the movement of eggs and poultry.

Vesicular conditions, unknown and foreign diseases should be reported promptly and without fail. Increased world traffic by air and surface routes multiplies the danger of foreign diseases entering the country. A State-Federal Emergency Disease Eradication Organization has been established in each State to handle outbreaks of foreign diseases.

Preparing Specimens for the Laboratory

The following suggestions are presented as a guide in preparing diagnostic materials except that suspected vesicular specimens should never be shipped to laboratories. When sending material to a specific laboratory, methods suitable to that laboratory should be used.

1. Glassware in which specimens are sent should be scrupulously clean. Specimens for bacteriological examination must be submitted in sterile containers.

2. Avoid all possible means of contamination. Tissue submitted for examination under suspicion of a particular disease should be so labeled.

3. Specimens from an organ, body fluids, cyst, or abscess for culture can be obtained by using a sterile swab. Aseptic techniques are essential in saturating the swab and immediately replacing it in the sterile test tube from which it was taken. A small amount of sterile saline solution can be added to the tube to prevent the swab from drying. No chemical preservative should be added to specimens submitted for bacteriological examination. Refrigeration is the best preservative. Specimens showing lesions are best.

4. The species of the animal from which blood samples are taken should be indicated.

5. Preparation of blood smears requires clean glass slides. Slides can be properly cleaned by washing them in 95 percent alcohol. The smeared surface must be protected on its way to the laboratory.

6. Tissues for histopathological examination should be fixed as promptly as possible after death. Tissues from organs should be cut perpendicular to the surface to expose their anatomic structure. The specimen should include affected and normal tissue to identify it and show the character of spread. Specimens should not be folded or bent by the containers in which they are fixed. Wide-mouthed bottles should be used to facilitate removal and prevent damage of tissue. It is important to provide 10 times as much fixing fluid as tissue. Tissue slices for fixing should be no thicker than 1/2 inch but may be longer and broader, provided there is adequate fixative. Intestinal mucosa and organs should not be soaked or washed in water before removal of the specimen block.

7. Fixing solutions should be kept cool. Formaldehyde is the most versatile fixative. Best results are obtained if the formalin is diluted in buffered physiological saline or distilled water. Tissue fixed in 10-percent aqueous formalin (9 parts water, 1 part formalin) should be fixed for 24 hours, then transferred to fresh 10-percent formalin or formalin-saline in which they can be left indefinitely.

The addition of 2-percent sodium acetate to aqueous 10-percent formalin is an excellent and practical method to keep the pH at neutrality, which is essential for good results in staining. Alcohol (70 to 80 percent) alone has limited use as a fixing fluid. It hardens and dehydrates tissues while making them unsuitable for histologic preparation.

8. Materials submitted for possible virus isolation should be freshly obtained from the early acute, febrile phase of the illness. In general, all specimens for virus isolation must be frozen before transport. If freezing of specimens is entirely impossible, specimens may be placed in buffered glycerine for transport. The latter is a substitute measure. When specimens can be delivered to a laboratory within 3 hours, it may not be necessary to freeze them.

9. Information or history of the case that accompanies the specimens to the laboratory is essential and extremely useful in helping to establish the diagnosis. Information accompanying the laboratory specimen should contain the following: A description of the animal; breed, sex, peculiarities; incidence of the disease in the area; number of animals showing symptoms and their ages; number of animals dead; dates of first losses and of subsequent losses; the symptoms and their duration; the condition of the eyes, feet and skin; a description of the spread of the infection, if in a flock or herd; the type of preservative used for specimens; and return address.

10. Frozen or diseased specimens should be forwarded by air or railway express; they cannot be shipped by mail. Other specimens preserved in fluid media may be sent by mail. Sturdy containers not over 3 inches in diameter should be used. All shipping containers should be carefully and legibly labeled inside and out. Postal regulations require that all specimens be packaged in leak-proof containers well wrapped with absorbent material, such as cotton, paper, or sawdust, that will absorb the contents completely if the container is broken. Packages should be labeled to show that they contain a laboratory specimen. Specimens should not be shipped just before a weekend or holiday. Postal authorities should be consulted about regulations before preparing specimens for shipment by parcel post.

Recommended Disinfectants

To prevent the spread of livestock diseases, farmers, veterinarians, and haulers should provide for the cleaning, washing, and disinfection of equipment and wearing apparel. The thorough cleaning and disinfecting of infected premises is an essential measure in any communicable disease eradication program.

Recommended Spray Mixtures:

Disinfectant	Percent solution	Mixtures	Disease
Cresylic (USDA Approved, marked on can)	4	1 cup to 2 gal. water	Brucellosis Hog cholera Shipping fever Swine erysipelas Tuberculosis
Sal soda	10½	13½ oz. can to 1 gal. of water	Foot-and-mouth disease Vesicular exanthema
Sodium carbonate (Soda ash)	4	1 lb. to 3 gal. water	Foot-and-mouth disease Vesicular exanthema
Sodium hydroxide (Lye)	2	13½ oz. can to 5 gal. water	Foot-and-mouth disease Vesicular exanthema
Sodium hydroxide (Lye)	5	5 (13½ oz.) cans to 10 gal. water	Anthrax Blackleg

For Further Information

Written

(May be obtained from the Animal Disease Eradication Division, Agricultural Research Service, U. S. Department of Agriculture, Washington 25, D. C., unless otherwise indicated.)

ARS-USDA -- "Annual Report of Cooperative State-Federal Sheep and Cattle Scabies Eradication, July 1, 1955-June 30, 1956." ADE Branch Notice, Aug. 22, 1956.

----- Bovine Tuberculosis Testing. 1955, 11 pp.

----- Brucellosis -- Federal Requirements Governing Interstate Movement of Cattle. Pocket reference and leaflet.

ARS-USDA -- The Expanded Bovine Brucellosis Eradication Program

A Progress Report. ARS Special Report 22-14, 1955, 5 pp.

----- "The Incidence of Bluetongue as Reported in the United States during Calendar Year 1955." ADE Branch Notice, April 23, 1956.

----- "Information from Europe Concerning Scrapie." ADE Branch Notice, Sept. 20, 1955.

----- "Instructions for Drawing Blood Samples from Cattle for the Test of Brucellosis and Interpreting Reactions to the Agglutination Blood Test." T. E. Form 33-H (Revised 1955).

----- Maintaining Cattle Herds and Areas Certified Brucellosis-free.

ARS Special Report 22-20, 1956, 6 pp.

----- Mucosal Disease Complex, A Group of Cattle Diseases.

ARS Special Report 22-27, 1956, 9 pp.

----- New Interpretation of Test for Brucellosis in Vaccinated Cattle.

ARS Special Report 22-11, 1955, 5 pp.

----- "A Review of the History and Incidence of Sheep and Cattle Scabies in the United States." ADE Branch Notice, Oct. 12, 1955.

----- A Study of the Epizootiology of Scrapie in the United States.

1956. (Available at veterinary colleges.)

----- "Uniform Methods and Rules for the Establishment and Maintenance of Tuberculosis-free Accredited Herds of Cattle and Modified Accredited Areas." Mimeo., 5 pp.

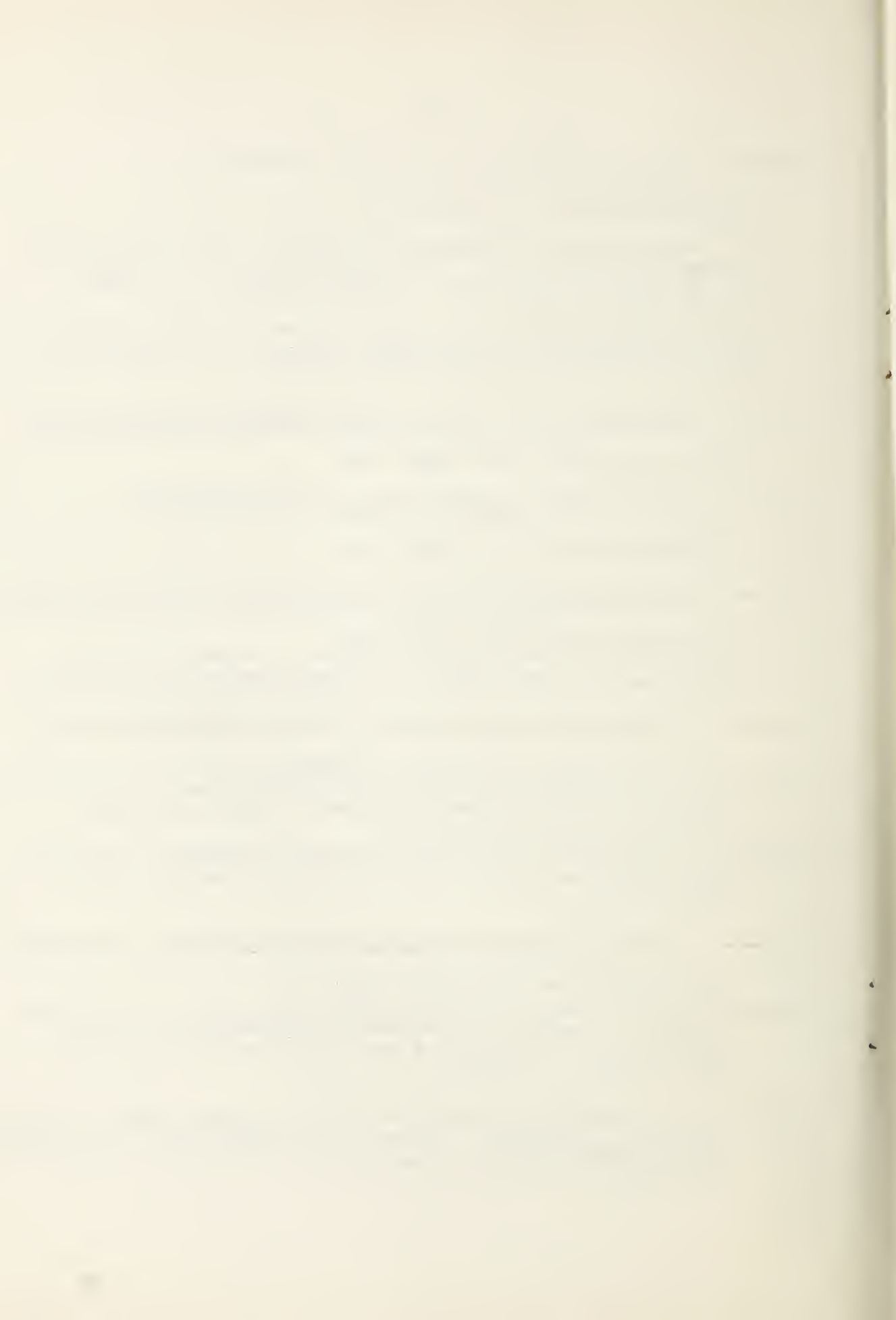
ARS-ADE-- "Uniform Methods and Rules for the Establishment of Certified Brucellosis-free Herds of Cattle and Modified Certified Areas." Mimeo., 8 pp.

----- Vesicular Exanthema Eradication Program (A Report of Progress).

ARS Special Report 22-19, 1955, 7 pp.

National Research Council, Committee on the Public Health Aspects of Brucellosis -- "Control and Eradication of Brucellosis in Animals," Reprinted from the Journal of the American Medical Association, Oct. 1, 1949.

U. S. Livestock Sanitary Association -- Foreign Diseases, Their Prevention, Diagnosis, and Control. Trenton, N. J., 1954, 265 pp., \$1. (Copies may be purchased from the Association, 1 West State St., Trenton 8, New Jersey.)



FILMS

(May be borrowed from the Motion Picture Service, Office of Information, U. S. Department of Agriculture, Washington 25, D. C., and from State film libraries.)

Bluetongue, Catarrhal Fever of Sheep (Technical, 16 mm., color, sound, 9 minutes, released 1954).

Bovine Contagious Pleuropneumonia /produced in Australia/ (16 mm., color, sound, 29 minutes, released in the United States 1956).

Brucellosis Ring Test (technical, 16 mm., color, sound, 5 minutes, released 1956).

East Coast Fever /produced in South Africa 1950/ (16 mm., color, sound, 20 minutes).

Epidemic -- Foot-and-Mouth Disease in Canada /produced in Canada 1953/ (16 mm., color, sound, 15 minutes).

Foot-and-Mouth Disease in Mexico (16 mm., color, sound, 20 minutes, released 1950).

Foot-and-Mouth Disease in South Africa /produced in South Africa 1950/ (16 mm., color, sound, 15 minutes).

Heartwater /produced in South Africa 1950/ (16 mm., color, sound, 15 minutes).

Hog Cholera -- African Swine Fever, A Comparison (16 mm., color, sound, 23 minutes, released 1956).

Nagana /produced in South Africa 1950/ (16 mm., color, sound, 20 minutes).

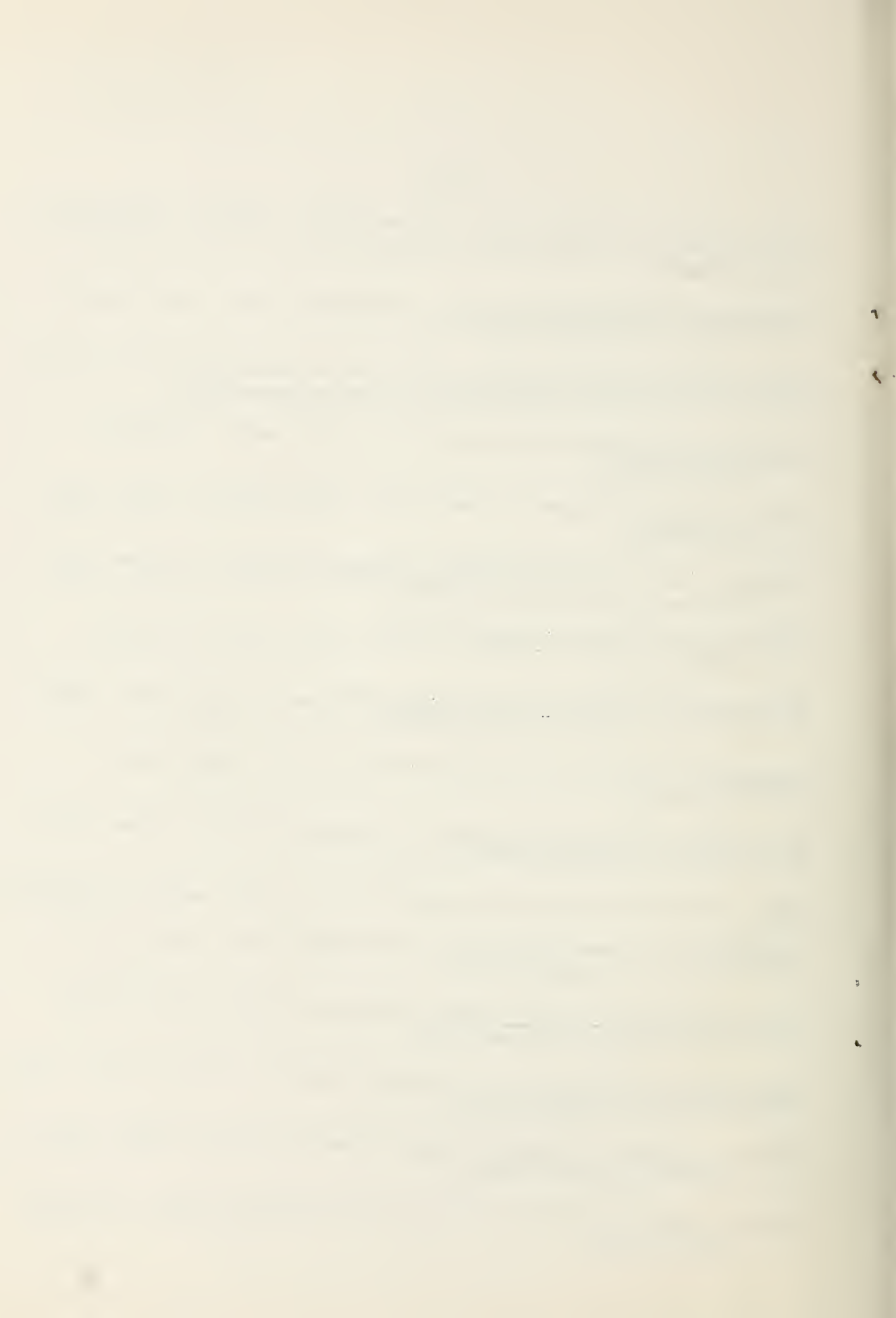
Outbreak /of foot-and-mouth disease in Mexico/ 16 mm., color, sound, 29 minutes, released 1949).

Psoroptic Sheep and Cattle Scabies (technical, 16 mm., color, sound, 11 1/2 minutes, released 1957).

Rinderpest, Its Recognition and Control (technical, 16 mm., color, sound, 18 minutes, released 1955).

Scrapie, an Obscure Disease of Sheep (technical, 16 mm., color, sound, 8 minutes, released 1954).

Teschen Disease (technical, 16 mm., black-and-white, sound, 12 minutes, released 1953).



The Threat of the Cattle Fever Tick (16 mm., color, sound, 16 minutes, released 1954).

The Triple Threat of Brucellosis (16 mm., color, sound, 30 minutes, released 1951).

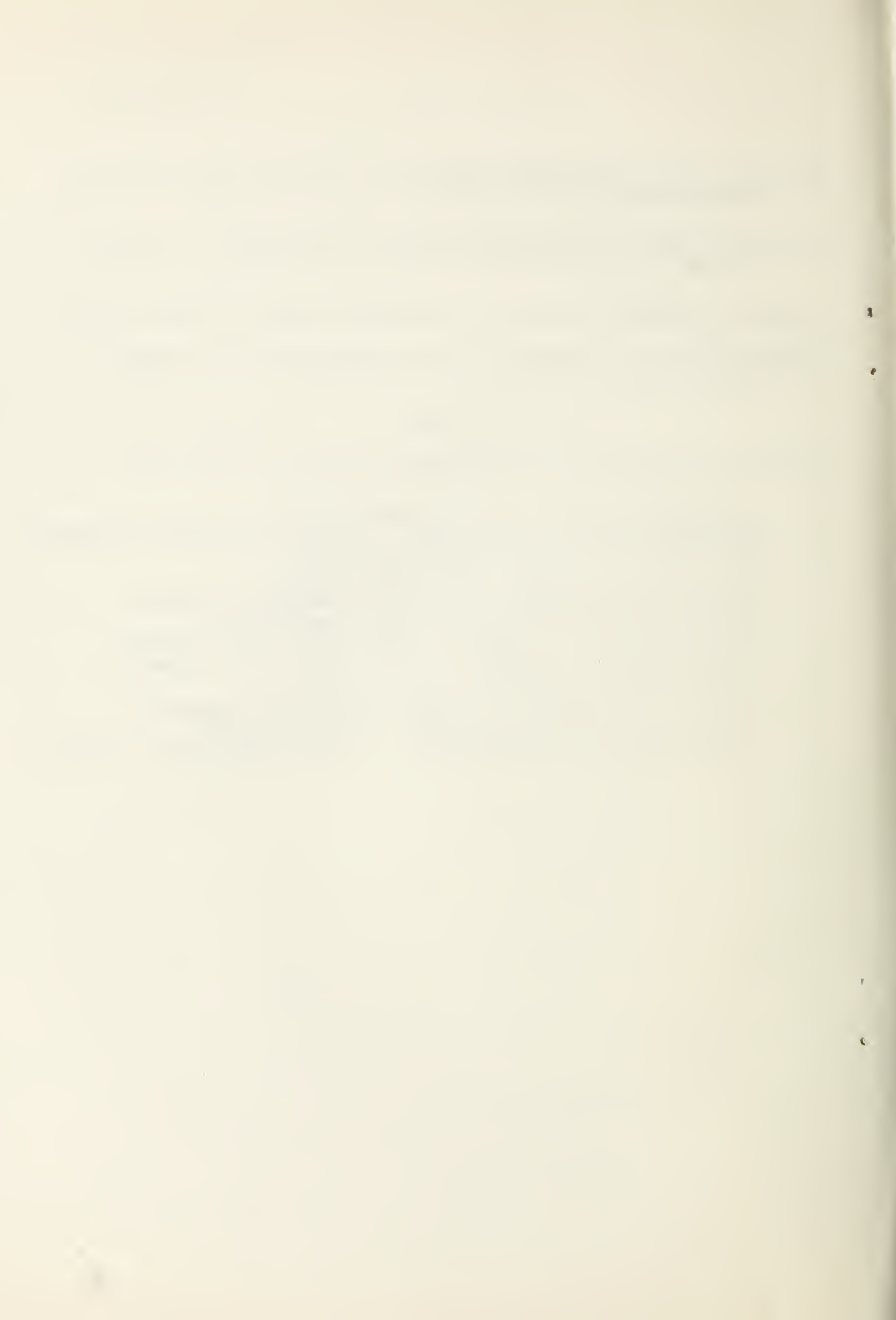
Vesicular Exanthema (16 mm., color, sound, 16 minutes, released 1954).

Vicious Circle (on tuberculosis, 16 mm., color, sound, 20 minutes, released 1954).

SLIDES

(Available through the ARS veterinarian-in-charge in each State)

Bluetongue — 29 color slides with commentary
Brucellosis blood and ring tests -- 17 color slides with commentary
Foot-and-mouth disease -- 20 color slides
Fowl plague -- 14 color slides with commentary
Mucosal disease complex -- 18 color slides with commentary
Newcastle disease -- 21 color slides with commentary
Rhinotracheitis -- (Jensen) 18 color slides with commentary
Rhinotracheitis -- (Maurer) 10 color slides with commentary
Scabies -- 45 color slides with commentary
Scrapie (brain lesions) -- 2 color slides with commentary
Technique of the Tuberculin Test -- 11 color slides
Teschen disease (brain lesions) -- 4 color slides with commentary.



INTERSTATE MOVEMENT OF LIVESTOCK

Accredited veterinarians have a number of functions dealing with the interstate movement of animals and poultry. They include:

1. Issuing certificates attesting to the health of animals to be moved interstate according to Federal regulations.
2. Providing veterinary inspection at yards specifically approved for the purpose of handling the interstate movement of livestock.
3. Testing, dipping, and vaccinating animals at some public stockyards.
4. Inspecting animals for compliance with Federal brucellosis regulations at more than 300 stockyards specially approved for this purpose.
5. Testing animals and issuing certificates of animal health to comply with regulations of the State of destination.

The intrastate movement of livestock is, of course, controlled by State laws and regulations. Practically all States have health requirements governing the admission of animals from other States and the movement of livestock within the State. Accredited veterinarians should familiarize themselves with State and Federal regulations on livestock movements. Certificates issued governing movements of livestock must be clear, legible, and accurate.

For Further Information

ARS-USDA -- Regulations Governing the Interstate Movement of Livestock. BAI Order 309, 24 pp.

U. S. Livestock Sanitary Assn. -- State Health Regulations Governing the Admission of Livestock. Trenton, N. J., 1954, 178 pp. (Circular 1) (May be purchased from the U. S. Livestock Sanitary Assn., 1 West State St., Trenton 8, N. J.)

